

**BUREAU OF HOME AND COMMUNITY SERVICES  
ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**Program Evaluation Record**

To help us meet your educational needs, we ask that you complete this evaluation form. Thank you for your attendance and cooperation.

**PROGRAM TITLE: "Caring For The Arthritic Patient  
In The Home"  
August 8, 2007**

**NAME:** \_\_\_\_\_ **AGENCY/COUNTY:** \_\_\_\_\_

**FACULTY: Sandi Falkenhagen**

<b>LEGEND:</b> 5 - Outstanding   4 - Above average   3 - Average   2 - Below average   1 - Unacceptable
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Circle the number you think best evaluates this activity.

This program utilized knowledgeable, organized, and effective speakers:

Sandi Falkenhagen	5	4	3	2	1
Objective 1	5	4	3	2	1
Objective 2	5	4	3	2	1
Objective 3	5	4	3	2	1
Objective 4	5	4	3	2	1
Objective 5	5	4	3	2	1
Provided content relative to the session objectives:	5	4	3	2	1
Effectively used teaching methods & learning aids:	5	4	3	2	1
Provided information pertinent to my job duties:	5	4	3	2	1
Enabled me to better perform my job duties:	5	4	3	2	1

What new knowledge did this in-service provide?

List areas you think need improvement.

What additional topics would you recommend for future programs?